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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000014969

Name and Mailing Address

0017489 01 FP 0.352 \*\*PRSR T4 0 0615 33313

SAWH COMPANIES, LLC  
6271 16TH PLACE (SUNSET STRIP)  
SUNRISE FL 33313



2. New Mailing Address <b>6301 W. BROWARD BLVD PLANTATION, FL 33317</b>		4. State/Country of Formation FL	
Principal Place of Business 6271 16TH PLACE (SUNSET STRIP) SUNRISE FL 33313		5. Date Organized or Qualified To Do Business in Florida 06/17/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BHAGWANDEEN, LEELA 6271 16TH PLACE (SUNSET STRIP) SUNRISE FL 33313		9. Name and Address of New Registered Agent Name <b>ARIF SHAD</b> <b>6301 W. BROWARD BLVD</b> City <b>PLANTATION</b> FL Zip Code <b>33317</b>	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date **JAN 26<sup>th</sup>, 2004**

REGISTERED AGENT (U) SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MNG. MEM.	VISWANATH RAMSAROO	11411 N.W. 6th ST PLANTATION, FL 33325	100024289681 01/30/03--01051--022--**150.00
MEM.	PRADEEP SAWH	11411 N.W. 6th ST PLANTATION, FL 33325	
			100024289681 01/30/04--01016--025--**50.00

REINSTATEMENT 03.04  
dca

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager VISWANATH RAMSAROO Date 10-21-03 Daytime Phone # 954-587-7700

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)